EPI Update for Friday, July 26, 2013
Center for Acute Disease Epidemiology (CADE)
Iowa Department of Public Health (IDPH)

Items for this week's EPI Update include:

- **Iowa Salmonella Enteritidis cases increasing**
- **Cylospora reports are decreasing but Cryptosporidium reports are on the rise in Central Iowa**
- **Updated recommendations for use of VariZIG**
- **Meeting announcements and training opportunities**

Iowa Salmonella Enteritidis cases increasing

Twenty-six cases of a relatively uncommon strain of Salmonella Enteritidis (on average 3-4 cases are reported annually in Iowa) have been reported in Iowa. The cases occurred in 19 different Iowa counties. Salmonella Enteritidis has been associated with improper cooking of poultry or eggs in the past. Please remind patients that safe food handling and preparation is important to protect against Salmonella infections.

For additional information visit:
www.idph.state.ia.us/IdphNews/Reader.aspx?id=19BAB900-CB17-4B87-A5A3-A99B25769A1B

For additional food safety information visit:
www.idph.state.ia.us/eh/food_safety.asp

Cylospora reports are decreasing but Cryptosporidium reports are on the rise in Central Iowa

This week 31 new cases of Cyclospora were reported in Iowa, as compared to the 64 new cases reported last week. Almost all cases report their illnesses starting in mid-to-late June. The source of the contamination was most likely a vegetable that has probably already been consumed or discarded (based on the shelf life of fresh produce). The investigation continues to focus primarily on determining the source of the contamination.

While Cyclospora reports are slowing, Cryptosporidium reports are increasing in Iowa. Seventy-six confirmed cases of Cryptosporidium have been reported in Iowa since July 1st, 32 of which were confirmed in Polk County. While Cryptosporidium and Cyclospora infection causes similar symptoms, they are very different parasites. Cryptosporidium can be spread in multiple ways such as person-to-person (unlike Cyclospora which is not generally spread person-to-person), through contaminated food or surfaces, and through recreational water (such as swimming pools). Persons infected with Cryptosporidium should stay home from work and childcare until diarrhea resolves, should not prepare food for others while symptomatic, and should not swim until two weeks after resolution of symptoms. Most people who have healthy immune systems will recover without treatment. If treatment is required, Nitazoxanide has been FDA-approved for treatment of diarrhea caused by Cryptosporidium in people with healthy immune systems (while Trimethoprim/sulfamethoxazole is the treatment of choice for Cyclospora).

For more information on Iowa's Cyclospora investigation visit:
www.idph.state.ia.us/EHI/Issue.aspx?issue=Cyclospora Outbreak Investigation

For more information on Cryptosporidium visit:
http://www.idph.state.ia.us/Cade/DiseaseIndex.aspx?disease=Cryptosporidium

Updated recommendations for use of VariZIG
Updated CDC recommendations on the use of VariZIG for post-exposure prophylaxis were recently published, which align with the American Academy of Pediatrics recommendations. VariZIG is the only varicella- zoster immune globulin preparation licensed for use in the U.S. Previously available under an investigational new drug (IND) expanded access protocol, now VariZIG is approved to be administered as soon as possible after exposure to varicella-zoster virus, ideally within 4 days (96 hours). While administration within 4 days of exposure provides greatest effectiveness, VariZIG can be administered as many as 10 days after exposure.

For a detailed list of patient groups for whom VariZIG is recommended go to: www.cdc.gov/mmwr/preview/mmwrhtml/mm6228a4.htm.

Meeting announcements and training opportunities
None

Have a healthy and happy week!
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